

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		10/13/02
O.I.P.E. CLASSIFIER		10	10-18-00
FORMALITY REVIEW	FN	TC 556	11-03-00
RESPONSE FORMALITY REVIEW	request	995	04-12-01

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 • _____ Allowed I _____ Interference
 - (Through numeral) _____ Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date
1	10/13/02
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If more than 150 claims or 10 actions
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